



Commonwealth of Massachusetts
Division of Professional Licensure
 239 Causeway Street • Boston, Massachusetts 02114
www.mass.gov/reg/boards/el
BOARD OF STATE EXAMINERS OF ELECTRICIANS
RICHARD A. FREDETTE
 EXECUTIVE DIRECTOR

Completed by Vendor/Board
 Ex. Date _____
 Ex. Result _____
 Cert. Date _____
 Cert. No. _____

Application for Examination

Applying for	Check One	If Re-exam enter last exam date	List current Massachusetts Journeyman/Systems Technician Number	Issue Date Verified by Board/ Vendor
Master Electrician exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems Contractor exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journeyman Electrician exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems Technician exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Print or Type. This is an official Document

Date of Photo ____ / ____ / ____

Social Security Number (required)		Date of Birth		Maiden /Other names	
Last Name		First Name		Middle Name	Generation
Residence (street Address)					
City			State		Zip Code
Day time Phone Number ()	Evening Phone Number ()		Email Address		

Pursuant to MGL. c 62C § 49A, the Division of Professional Licensure is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Your Application May Be **RETURNED** if you fail to answer any of the questions below:

- Are you applying for renewal of licensure by reexamination? Yes ☐ No ☐
- Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against your license(s)? Yes ☐ No ☐
 If yes, please state the details (use a separate sheet if necessary): _____
- Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ☐ No ☐
 If yes, Please state the details (use a separate sheet if necessary): _____
- Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes ☐ No ☐
 If yes, please state the details (use a separate sheet if necessary): _____

5. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction?
Yes ☐ No ☐

If yes, please state the details (use a separate sheet if necessary): _____

6. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction?
Yes ☐ No ☐

If yes, please attach necessary documentation of case outcome, resolution and disciplinary status (if any). In some cases it may be advantageous to submit a sealed CORI.

Current Employer/Company	Employer Address	MO/DAY/YR Starting Date	Employed Years Months

Please sign below in acknowledgement of the following statements:

- I understand that I have the right to review my examination questions and that such request shall be made in writing to PSI within 30-days of the date of examination
- I understand that if PSI reviewed my examination questions but maintained their failing score and I still disagree with their findings I may file an appeal before the Board
- I understand that I have the right to appeal PSI's decisions and that my appeal shall be made in writing to the Board of State Examiners of Electricians, within 30-days of the date of my rejection notice from PSI. In my appeal I must state the items/questions that are to be reviewed and failure to make such a request within the time allotted may jeopardize my right to an appeal
- I understand that if I need a copy of the Review of an Examination Score Notice in addition to the one previously given to me, such a request must be made within 30-days of the date of examination. Any failure to make such a request (documented) within the time allotted may jeopardize my right to review my examination score for a second time
- I understand that applicants who receive a rejection of application notice may file an appeal before the Board. Said appeal must be filed in writing, within 30-days from the date of Rejection of Application Notice and failure to make such a request within the time allotted may jeopardize my right to an appeal
- I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of State Examiners of Electricians to deny my right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all Mass tax returns and paid all Mass taxes required by law.

(Signature)

(Date)

THE FOLLOWING IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY.

_____ being duly sworn says that he/she is the person who is referred to in this application for certificate as licensed Journeyman Electrician, Master Electrician, Systems Technician or Systems Contractor, in the State of Massachusetts; that the statements herein contained are strictly true in every respect and that he/she has complied with all requirements of law.

Sworn to before me this day of _____ 20_____
(Date)

(Seal)/sign _____
(Person Administering Oath)

(Signature of Applicant)

(Commission Expires)

Money Order or Cashier's Check only.

Credit card (MasterCard or VISA) payment accepted for phone or fax review/re-exam registrations only. ☐MC ☐Visa

Card No: _____ Exp. Date _____

Cardholder Name (Print): _____ Signature _____

I am enclosing a Special Arrangement Request letter and required documentation. ☐ Yes ☐ No

Complete and forward this registration form with the applicable examination fee to:
PSI Examination Services * ATTN: Examination Registration MA EL
3210 E Tropicana Ave * Las Vegas, NV 89121
Fax (818) 247-3853 * (800) 733-9267 * TTY (800) 735-2929